## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/548685 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS														
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TOTAL CLAIMS	35							TOTAL						
PTO - 1360	(REV. 11/04)				B		Ľ	ELAIMS	U.S	S. DEPARTA	IENT of COM	1MERCE		
									Pat	tent and Trac	lemark Office	<u> </u>		- 1